

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			06/18/01
O.P.E. CLASSIFIER		49.	6/24/01
FORMALITY REVIEW	MM	372	08-09-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/28/01
2	✓	✓	5/28/01
3	✓	✓	5/28/01
4	✓	✓	5/28/01
5	✓	✓	5/28/01
6	✓	✓	5/28/01
7	✓	✓	5/28/01
8	✓	✓	5/28/01
9	✓	✓	5/28/01
10	✓	✓	5/28/01
11	✓	✓	5/28/01
12	✓	✓	5/28/01
13	✓	✓	5/28/01
14	✓	✓	5/28/01
15	✓	✓	5/28/01
16	✓	✓	5/28/01
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18	✓	✓	5/28/01
19	✓	✓	5/28/01
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30	✓	✓	5/28/01
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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28/6  
08/09/01